Indiana State Department of Health

OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 1	(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
		A. BUILDING: _				
	004904	B. WING		1	, 4/2014	
NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE						
EMERALD PLACE 297 S 100 E						
(EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		PREFIX TAG	(EACH CORRECTIVE ACTION SHO	(EACH CORRECTIVE ACTION SHOULD BE COMPLÉTE ROSS-REFERENCED TO THE APPROPRIATE DATE		
000 INITIAL COMMENTS		R 000				
This visit was for the Investigation of Complaint IN00143562.						
Complaint IN00143562 - Unsubstantiated, due to lack of evidence.						
Survey date: 4/14/14						
Facility number: 004904 Provider number: 004904 AIM number: N/A						
Survey team: Anne Marie Crays RN						
Census bed type: Residential: 36 Total: 36						
Census payor type: Other: 36 Total: 36						
Sample: 4						
Emerald Place was found to be in compliance with 410 IAC 16.2 in regard to the Investigation of Complaint IN00143562.						
Quality Review 04/15	5/14 by Lisa McColly					
	SUMMARY ST. (EACH DEFICIENC' REGULATORY OR I  INITIAL COMMENTS  This visit was for the IN00143562.  Complaint IN00143562 lack of evidence.  Survey date: 4/14/14  Facility number: 0049 Provider number: 004 AIM number: N/A  Survey team: Anne Marie Crays RN  Census bed type: Residential: 36 Total: 36  Census payor type: Other: 36 Total: 36  Sample: 4  Emerald Place was for with 410 IAC 16.2 in in Complaint IN0014356	ODENTIFICATION NUMBER:  OD4904  ROVIDER OR SUPPLIER  SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)  INITIAL COMMENTS  This visit was for the Investigation of Complaint IN00143562.  Complaint IN00143562 - Unsubstantiated, due to lack of evidence.  Survey date: 4/14/14  Facility number: 004904 Provider number: 004904 AIM number: N/A  Survey team: Anne Marie Crays RN  Census bed type: Residential: 36 Total: 36  Census payor type: Other: 36 Total: 36  Sample: 4  Emerald Place was found to be in compliance with 410 IAC 16.2 in regard to the Investigation of	DENTIFICATION NUMBER:  004904  B. WING  ROVIDER OR SUPPLIER  ROVIDER OR SUPPLIER  STREET ADDRESS, CITY, STA  297 S 100 E  WASHINGTON, IN 47501  SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)  INITIAL COMMENTS  R 000  INITIAL COMMENTS  R 000  R 000  INITIAL COMMENTS  R 000  INITIAL COMMENTS  R 000  Complaint IN00143562 - Unsubstantiated, due to lack of evidence.  Survey date: 4/14/14  Facility number: 004904  Provider number: 004904  Alm number: N/A  Survey team: Anne Marie Crays RN  Census bed type: Residential: 36  Total: 36  Census payor type: Other: 36  Total: 36  Sample: 4  Emerald Place was found to be in compliance with 410 IAC 16.2 in regard to the Investigation of Complaint IN00143562.	Dentification Number:    Dentification Number:   A Building:   B Wing   B W	DENTIFICATION NUMBER:    A BUILDING:	

Indiana State Department of Health
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE (X6) DATE